



Appln No. 10/019,563
Amtd date July 3, 2003

T.H.
7-16-03
H= 12/13
PATENT
fudh

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail No. EL483654154US in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 3, 2003.

Jan O. Solem
Signature

Appl No. : 10/019,563
Applicant : Jan O. Solem, et al.
Filed : July 1, 2002
Title : DEVICE AND METHOD FOR TREATMENT OF MITRAL INSUFFICIENCY

TC/A.U. : 3738
Examiner : To be assigned

Docket No. : 49989/MEG/E303

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
JUL 14 2003
TECHNOLOGY CENTER R3700

Post Office Box 7068
Pasadena, CA 91109-7068

Commissioner:

SECOND PRELIMINARY AMENDMENT

Amendments to the Claims are reflected in the list of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

07/09/2003 TBESHAH1 00000066 10019563

01 FC:1202
02 FC:1201

324.00 OP
336.00 OP

Express Mail No. EL483654154US



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail No. EL483654154US in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 3, 2003.

Mark Gans
Signature

Applicant : Jan O. Solem, et al.
Application No. : 10/019,563
Filed : July 1, 2002
Title : DEVICE AND METHOD FOR TREATMENT OF MITRAL INSUFFICIENCY

Grp./Div. : 3738
Examiner : To be assigned

Docket No. : 49989/MEG/E303

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
JUL 14 2003
TECHNOLOGY CENTER R3700

Post Office Box 7068
Pasadena, CA 91109-7068
July 3, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	38	*20	18	x \$9.00	18 x \$18.00	\$324.00
Independent Claims	7	** 3	4	x \$42.00	4 x \$84.00	\$336.00
Multiple Dependent Claims ***				\$140.00	\$280.00	
TOTAL FILING FEE						\$660.00
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					
LIST INDEPENDENT CLAIMS: 11, 22, 23, 31, 32, 42 and 48						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

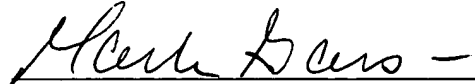
X _____ Attached is our check for \$660.00 to pay the fees calculated above.
_____ A Petition for Extension of Time and the required fee are enclosed.
_____ Other enclosures:

Amendment Transmittal Letter
Application No. 10/019,563

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 

Mark Garscia
Reg. No. 31,953
626/795-9900

MEG/mas

MAS PAS513616.1-* -07/3/03 8:28 PM